United States Bankruptcy Court

District of South Dakota					Volu	Voluntary Petition			
Name of Debtor (if individual, enter Last, First, M Hoppe, Randall Alanson	liddle):		Name of Jo			se) (Last, First,	, Middle):		
All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names):	All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): fka Kristin Nicole Fisher				
Last four digits of Soc. Sec. or Individual-Taxpaye EIN (if more than one, state all): 7678	er I.D. (ITIN) No./	Complete	Last four di EIN (if mor	-			axpayer I.E	D. (ITIN) No./Complete	
Street Address of Debtor (No. & Street, City, Stat 618 2nd Ave NE Watertown, SD	e & Zip Code):		Street Address of Joint Debtor (No. & Street, City, State & Zip C 618 2nd Ave NE Watertown, SD			te & Zip Code):			
Water town, OD	ZIPCODE 57	201] Waterto	WII, OD			7	ZIPCODE 57201	
County of Residence or of the Principal Place of I Codington	Business:		County of Residence or of the Principal Place of Business: Codington			ess:			
Mailing Address of Debtor (if different from street	et address)		Mailing Ad	dress of .	Joint De	btor (if differen	nt from stre	et address):	
	ZIPCODE						2	ZIPCODE	
Location of Principal Assets of Business Debtor (if different from str	reet address ab	ove):						
							2	ZIPCODE	
Type of Debtor (Form of Organization)								Code Under Which Check one box.)	
(Check one box.) ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities,			Chapter 7				ognition of a Foreign n Proceeding oter 15 Petition for ognition of a Foreign		
check this box and state type of entity below.)	Debtor is Title 26	Tax-Exempt Check box, if a s a tax-exempt of the United S Revenue Code	applicable.) organization u States Code (th		deb § 10 indi pers		1 U.S.C. red by an ly for a	box.)	
Filing Fee (Check one box)	·				Chap	ter 11 Debtor	s		
 ✓ Full Filing Fee attached ☐ Filing Fee to be paid in installments (Applicable only). Must attach signed application for the conconsideration certifying that the debtor is unable except in installments. Rule 1006(b). See Office 	urt's e to pay fee	Debtor is Check if: Debtor's	a small busing not a small busing aggregate non a small busing aggregate non a 43,300 (amoutous section of the	usiness d acontinge ant subject	ebtor as nt liquid ct to adju	stment on 4/0	U.S.C. § 10 ed to non-ins 1/13 and eve	1(51D). siders or affiliates are less ery three years thereafter).	
Filing Fee waiver requested (Applicable to chap only). Must attach signed application for the co-consideration. See Official Form 3B.		A plan is Acceptan	pplicable boxe being filed wi	es: ith this pon were so	etition olicited p	repetition from		re classes of creditors, in	
Statistical/Administrative Information Debtor estimates that funds will be available for Debtor estimates that, after any exempt proper distribution to unsecured creditors.				d, there v	vill be no	o funds availab	le for	THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors								1	
1-49 50-99 100-199 200-999 1	,000- 5,00 ,000 10,0		,001- ,000	25,001- 50,000		50,001- 100,000	Over 100,000		
Estimated Assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

 \checkmark

\$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 \$50,000,001 to \$100,000,001 \$500,000 \$1 million \$10 million \$10 million to \$50 million \$10 mill

B1 (Official Form 1) (4/10) Page 2 Name of Debtor(s): **Voluntary Petition** Hoppe, Randall Alanson & Hoppe, Kristin Nicole (This page must be completed and filed in every case) Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) Date Filed: Case Number: Location Where Filed: None Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: None District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms (To be completed if debtor is an individual 10K and 10Q) with the Securities and Exchange Commission pursuant to whose debts are primarily consumer debts.) Section 13 or 15(d) of the Securities Exchange Act of 1934 and is I, the attorney for the petitioner named in the foregoing petition, declare requesting relief under chapter 11.) that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have Exhibit A is attached and made a part of this petition. explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Bruce P. Bauer 8/23/10 Signature of Attorney for Debtor(s) Date Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health Yes, and Exhibit C is attached and made a part of this petition. **▼** No Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord or lessor that obtained judgment) (Address of landlord or lessor)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
 Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

filing of the petition.

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

(Check only **one** box.)

§ 1515 are attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Hoppe, Randall Alanson & Hoppe, Kristin Nicole

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this

petition is true and correct, that I am the foreign representative of a debtor

☐ I request relief in accordance with chapter 15 of title 11, United

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the

States Code. Certified copies of the documents required by 11 U.S.C.

chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

in a foreign proceeding, and that I am authorized to file this petition.

Signatures

X

Date

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Randall Alanson Hoppe

Signature of Debtor

Randall Alanson Hoppe

/s/ Kristin Nicole Hoppe

Signature of Joint Debtor

Kristin Nicole Hoppe

Telephone Number (If not represented by attorney)

August 23, 2010

Date

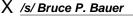
Signature of Attorney* **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address



Signature of Attorney for Debtor(s)

Bruce P. Bauer **Bauer Law Office** 100 South Maple, Suite 312 Watertown, SD 57201

bauerlaw@iw.net

August 23, 2010

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signatu	re of Authori	zed Individual		
Printed	Name of Au	thorized Indivi	dual	
Title of	Authorized 1	ndividual		

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

United States Bankruptcy Court District of South Dakota

District of South	h Dakota
IN RE:	Case No
Hoppe, Randall Alanson	Chapter 7
Debtor(s) EXHIBIT D - INDIVIDUAL DEBTOR'S CREDIT COUNSELING	
Warning: You must be able to check truthfully one of the five states do so, you are not eligible to file a bankruptcy case, and the court can whatever filing fee you paid, and your creditors will be able to resu and you file another bankruptcy case later, you may be required to to stop creditors' collection activities.	an dismiss any case you do file. If that happens, you will lose me collection activities against you. If your case is dismissed
Every individual debtor must file this Exhibit D. If a joint petition is filed, one of the five statements below and attach any documents as directed.	each spouse must complete and file a separate Exhibit D. Check
1. Within the 180 days before the filing of my bankruptcy case , I rethe United States trustee or bankruptcy administrator that outlined the operforming a related budget analysis, and I have a certificate from the agreertificate and a copy of any debt repayment plan developed through the	opportunities for available credit counseling and assisted me in ency describing the services provided to me. Attach a copy of the
2. Within the 180 days before the filing of my bankruptcy case , I refine United States trustee or bankruptcy administrator that outlined the operforming a related budget analysis, but I do not have a certificate from a copy of a certificate from the agency describing the services provided to the agency no later than 14 days after your bankruptcy case is filed.	opportunities for available credit counseling and assisted me in the agency describing the services provided to me. You must file
3. I certify that I requested credit counseling services from an approved any from the time I made my request, and the following exigent cirrequirement so I can file my bankruptcy case now. [Summarize exigent]	cumstances merit a temporary waiver of the credit counseling
If your certification is satisfactory to the court, you must still obtain you file your bankruptcy petition and promptly file a certificate from of any debt management plan developed through the agency. Failur case. Any extension of the 30-day deadline can be granted only for calso be dismissed if the court is not satisfied with your reasons for counseling briefing.	the agency that provided the counseling, together with a copy e to fulfill these requirements may result in dismissal of your cause and is limited to a maximum of 15 days. Your case may
4. I am not required to receive a credit counseling briefing because of motion for determination by the court.]	
Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by rea of realizing and making rational decisions with respect to financial	
 Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically imparticipate in a credit counseling briefing in person, by telephone Active military duty in a military combat zone. 	
5. The United States trustee or bankruptcy administrator has determinedoes not apply in this district.	ned that the credit counseling requirement of 11 U.S.C. § 109(h)
I certify under penalty of perjury that the information provided ab	ove is true and correct.

Signature of Debtor: /s/ Randall Alanson Hoppe

Date: August 23, 2010

Case: 10-10183 Document: 1 Filed: 08/23/10 Page 5 of 39

B1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court District of South Dakota

IN RE:	Case No.
Hoppe, Kristin Nicole	Chapter 7
Debtor(s)	•
EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT (CREDIT COUNSELING REQUIREME	
Warning: You must be able to check truthfully one of the five statements regarding of do so, you are not eligible to file a bankruptcy case, and the court can dismiss any car whatever filing fee you paid, and your creditors will be able to resume collection act and you file another bankruptcy case later, you may be required to pay a second filing	se you do file. If that happens, you will lose ivities against you. If your case is dismissed

to stop creditors' collection activities. Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed. 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by

the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency. 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by

the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through

the agency no later than 14 days after your bankruptcy case is filed. 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling

requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Kristin Nicole Hoppe

Date: August 23, 2010

 $\textbf{B6 Summary (Form 6 - Summary)} \underbrace{\textbf{Page 6 of 39}}_{\textbf{12}/0} \textbf{10-10183} \quad \textbf{Document: 1} \quad \textbf{Filed: 08/23/10} \quad \textbf{Page 6 of 39}$

United States Bankruptcy Court District of South Dakota

IN RE:	Case No.
Hoppe, Randall Alanson & Hoppe, Kristin Nicole	Chapter 7
Debtor(s)	•

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 97,359.00		
B - Personal Property	Yes	3	\$ 25,340.88		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 150,723.14	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 41,751.53	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 4,137.71
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,128.00
	TOTAL	16	\$ 122,699.88	\$ 192,474.67	

Form 6 - Statistical Summary (12) 10-10183 Document: 1 Filed: 08/23/10 Page 7 of 39

United States Bankruptcy Court District of South Dakota

IN RE:	Case No
Hoppe, Randall Alanson & Hoppe, Kristin Nicole	Chapter 7
Debtor(s)	•

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 16,437.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 16,437.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 4,137.71
Average Expenses (from Schedule J, Line 18)	\$ 4,128.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C	
Line 20)	\$ 6,640.39

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 39,364.14
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 41,751.53
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 81,115.67

36A (Official Form 6A) (12/0) ase: 10-10183	Document: 1	Filed: 08/23/10	Page 8 of 39
36A (Official Form 6A) (12/07) 430. 10 10 100	Doddinent. 1	1 11Cd. 00/20/10	i age o oi c

IN	RE	Hoppe,	Randall	Alanson	& Hoppe,	Kristin	Nicole

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Lots 1 and 2, GA Kyles Sub-division of Block 7, RF		J	97,359.00	139,522.14
Pettigroves Additions, Codington County, 618 2nd Ave NE, Watertown, South Dakota				

TOTAL

97,359.00

(Report also on Summary of Schedules)

R6B (Official Form 6B) (12/0) Case: 10-10183	Document: 1	Filed: 08/23/10	Page 9 of 39
RGR (Official Form GR) (12/07/P	D 0000111011111 1		. ago o o. oo

	IN RE Hoppe,	Randall Alanson	& Hoppe,	Kristin Nicole
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Debtor(s)

	TA T
Case	NO
Case	INU.

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.	X			
2.	Checking, savings or other financial		Great Western Bank - Checking acct no. 1447568	J	210.85
	accounts, certificates of deposit or shares in banks, savings and loan,		Great Western Bank - Checking acct no. 1447840	J	109.90
	thrift, building and loan, and homestead associations, or credit		Great Western Bank - Savings acct no. 8613733	J	700.07
	unions, brokerage houses, or cooperatives.		Great Western Bank - Savings acct no. 8618235	J	0.54
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings,		42" and 26" TV, DVD player, camera, desktop computer	J	250.00
	include audio, video, and computer equipment.		Loveseat, chair, 2 sofas, end tables, kitchen table and chairs, queen bed, 2 twin beds, 3 dressers	J	250.00
			Stove, Fridge, Washer and Dryer	J	200.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.		Clothing		250.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		State Farm Life Insurance - Policy no. LF-2489-1131	J	100.00
10.	Annuities. Itemize and name each issue.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401K	J	8,194.52
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

B6B (Official Form 6B) (12/07) a Sec. 10-10183 Document: 1 Filed: 08/23/10 Page 10 of 39

IN RE Hoppe, Randall Alanson & Hoppe, Kristin Nicole

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Case		\sim
Casc	1.7	· • • • • • • • • • • • • • • • • • • •

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
16.	Accounts receivable.	Х			
17.	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	Х			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	Х			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	Х			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Chevy Tahoe - 80,300 miles 2003 Lincoln Aviator - 100,000 miles	J	6,000.00 8,000.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			

R6B (Official Form 6B) (12/05/25et, 10-10183	Document: 1	Filed: 08/23/10	Page 11 of 39
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Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

Other personal property of any kind not already listed. Itemize.		Misc household tools, weedeater Wages accured not yet paid	J	75.00 1,000.00
Farming equipment and implements. Farm supplies, chemicals, and feed.	X X		Н	
TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION

B6C (Official Form 6C) (04/16) ase: 10-10183	Document: 1	Filed: 08/23/10	Page 12 of 39
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Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor	elects	the	exemptions	to	which	debtor	is	entitled	under:
(Check or	ne box)		_						

Check if debtor claims a homestead exemption that exceeds \$146,450. *

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Great Western Bank - Checking acct no.	SDCL 43-45-4	210.85	210.8
Great Western Bank - Checking acct no. 1447840	SDCL 43-45-4	109.90	109.9
Great Western Bank - Savings acct no. 3613733	SDCL 43-45-4	700.07	700.0
Great Western Bank - Savings acct no. 3618235	SDCL 43-45-4	0.54	0.5
42" and 26" TV, DVD player, camera, desktop computer	SDCL 43-45-4	250.00	250.0
Loveseat, chair, 2 sofas, end tables, kitchen table and chairs, queen bed, 2 twin beds, 3 dressers	SDCL 43-45-4	250.00	250.00
Stove, Fridge, Washer and Dryer	SDCL 43-45-4	200.00	200.00
Clothing	SDCL § 43-45-2(5)	250.00	250.00
State Farm Life Insurance - Policy no. LF-2489-1131	SDCL § 43-45-6	100.00	100.00
401K	SDCL § 43-45-16	8,194.52	8,194.52
Misc household tools, weedeater	SDCL 43-45-4	75.00	75.00
Wages accured not yet paid	SDCL 43-45-4	1,000.00	1,000.00

^{*} Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

R6D (Official Form 6D) (12/6F) ase: 10-10183	Document: 1	Filed: 08/23/10	Page 13 of 39
RAD (Official Form AD) (17/07)			

IN	RE Hoppe,	Randall Alanson	& Hoppe.	Kristin	Nicole

Debtor(s)

Case No. _____

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 3515804		J	2003 Lincoln Avaitor	T			11,201.00	3,201.00
First Premier Bank 1414 9th Ave SE Watertown, SD 57201					1			
			VALUE \$ 8,000.00					
ACCOUNT NO. 15500207814		J	2001 Chevy Tahoe & 618 2nd Ave NE,				23,522.14	17,522.14
Great Western Bank Po Box 877 Watertown, SD 57201			Watertown, South Dakota]			
			VALUE \$ 103,359.00					
ACCOUNT NO. 09408642		J	618 2nd Ave NE, Watertown				116,000.00	18,641.00
Home Federal Bank PO Box 5000 Sioux Falls, SD 57117								
			VALUE \$ 97,359.00					
ACCOUNT NO.								
			VALUE \$					
_				Sul				
0 continuation sheets attached			(Total of			ı	\$ 150,723.14	\$ 39,364.14
				. '	Tota	al	+ 450 700 44	

(Report also or Summary of Schedules.)

(Use only on last page)

\$ 150,723.14

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

39,364.14

B6E (Official Form 6E) (04/16) ase: 10-10183	Document: 1	Filed: 08/23/10	Page 14 of 39
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Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed

	als Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the stical Summary of Certain Liabilities and Related Data.
liste	eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.
V	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
	* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.
	0 continuation sheets attached

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Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

	_					_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4862367144061301		J	Credit Card	П			
Capitol One Po Box 60024 City Of Industry, CA 91716-0024							3,318.00
ACCOUNT NO.	T		Assignee or other notification for:	П	\exists	\top	•
Jnited Recovery Systems PO Box 722929 Houston, TX 77272			Capitol One				
ACCOUNT NO. 4862-3625-3413-0748		J	Credit Card	П		\top	
Capitol One Po Box 60024 City Of Industry, CA 91716-0024							1,818.00
ACCOUNT NO. 5401-6830-3587-1133		J	Credit Card	П		7	
Chase PO Box 94014 Palatine, IL 60094-4014							2,598.00
3 continuation sheets attached				Subt		- 1	\$ 7,734.00
Continuation sheets attached			(Total of th		age. Tota		ş 1,104.00
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the St				
			Summary of Certain Liabilities and Related				\$

Debtor(s)

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(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

INCLIDENCIPLE COLOR, AND ACCOUNT NUMBER. Second			(•	Continuation Sheet)				
Frederick, Hanna & Associates, P.C. 1427 Roswell Rd Marietta, GA 30062 ACCOUNT NO. Rober Junso 300 N. Dakota Ave, Suite 511 Sloux Falls, SD 57104 ACCOUNT NO. 5424-1810-4719-5420 Clit Cards PO Box 6500 Sloux Falls, SD 57117 ASsignee or other notification for: Chase Assignee or other notification for: Chase Assignee or other notification for: Citi Cards Clit Cards Assignee or other notification for: Citi Cards Assignee or other notification for: Citi Cards D Student Loan ACCOUNT NO. ACCOUNT NO. 2105696446040-70 Citibank PO Box 6191 Sioux Falls, SD 57117-6191 ACCOUNT NO. 67430955-0197058 Citifinancial 300 Saint Paul Place Baltimore, MD 21202 Assignee or other notification for: Citi Cards Assignee or other notification for: Cititinancial Assignee or other notification for: Cititinancial	INCLUDING ZIP CODE, AND ACCOUNT NUMBER.	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Rober Junso 300 N. Dakota Ave, Suite 511 Sioux Falls, SD 57104 ACCOUNT NO. 5424-1810-4719-5420 Citi Cards PO Box 6500 Sioux Falls, SD 57117 ACCOUNT NO. 2105696446040-70 Citibank PO Box 6191 Sioux Falls, SD 57117-6191 ACCOUNT NO. 67430955-0197058 Citifinancial 300 Saint Paul Place Baltimore, MD 21202 ACCOUNT NO. Chase Chase Credit Card Assignee or other notification for: Citi Cards Citi Cards Assignee or other notification for: Citi Cards Assignee or other notification for: Citi Cards Assignee or other notification for: Citifinancial 300 Saint Paul Place Baltimore, MD 21202 Assignee or other notification for: Citifinancial Citifinancial Citifinancial Citifinancial	ederick, Hanna & Associates, P.C. 27 Roswell Rd							
Citi Cards PO Box 6500 Sioux Falls, SD 57117 ACCOUNT NO. ARS Collections PO Box 1259 Oaks, PA 19456 ACCOUNT NO. 2105696446040-70 Citibank PO Box 6191 Sioux Falls, SD 57117-6191 ACCOUNT NO. 67430955-0197058 Citifinancial 300 Saint Paul Place Baltimore, MD 21202 ACCOUNT NO. Dr. Bonded PO Box 498609 ACCOUNT NO. Assignee or other notification for: Citi Cards J Student Loan Assignee or other notification for: Citifinancial 3 ACCOUNT NO. Assignee or other notification for: Citifinancial	ober Junso 0 N. Dakota Ave, Suite 511							
ACCOUNT NO. ARS Collections PO Box 1259 Oaks, PA 19456 ACCOUNT NO. 2105696446040-70 Citibank PO Box 6191 Sioux Falls, SD 57117-6191 Citifinancial 300 Saint Paul Place Baltimore, MD 21202 ACCOUNT NO. Dr. Bonded PO Box 498609 Assignee or other notification for: Citi Cards J Student Loan Assignee or other notification for: Citi Cards J Personal Loan Assignee or other notification for: Citifinancial Assignee or other notification for: Citifinancial	ti Cards D Box 6500		J	Credit Card				
ACCOUNT NO. 2105696446040-70 Citibank PO Box 6191 Sioux Falls, SD 57117-6191 ACCOUNT NO. 67430955-0197058 Citifinancial 300 Saint Paul Place Baltimore, MD 21202 ACCOUNT NO. Dr. Bonded PO Box 498609 J Student Loan Atual Loan Assignee or other notification for: Citifinancial	CCOUNT NO. RS Collections D Box 1259			Assignee or other notification for: Citi Cards				unknown
ACCOUNT NO. 67430955-0197058 Citifinancial 300 Saint Paul Place Baltimore, MD 21202 ACCOUNT NO. Dr. Bonded PO Box 498609 Dr. Bonded PO Box 498609	CCOUNT NO. 2105696446040-70 tibank D Box 6191		J	Student Loan				
300 Saint Paul Place Baltimore, MD 21202 ACCOUNT NO. Dr. Bonded PO Box 498609 Assignee or other notification for: Citifinancial			J	Personal Loan				16,437.00
ACCOUNT NO. Dr. Bonded PO Box 498609 Assignee or other notification for: Citifinancial	0 Saint Paul Place							3,552.00
	. Bonded D Box 498609							3,532.00
Sheet no1 of3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical				(Total of the (Use only on last page of the completed Schedule F. Repor	nis p t als	oage Tota so o	e) al on	\$ 19,989.00

Debtor(s)

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(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		('	Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIOUIDATED	DISPITTED	dato icid	AMOUNT OF CLAIM
ACCOUNT NO. 9041410119891318		J	Credit Card	+				
HSBC/Herberger's PO Box 15521 Wilmington, DE 19805								2,177.00
ACCOUNT NO.			Assignee or other notification for:				+	
LVNV Funding, LLC P.O.Box 3038 Evansville, IN 47730			HSBC/Herberger's					
ACCOUNT NO.			Assignee or other notification for:	+			+	
Portfolio Recovery 120 Corporate Blvd Norfolk, VA 23502			HSBC/Herberger's					
ACCOUNT NO.			Assignee or other notification for:					
Resurgent Capital Services Po Box 5025 Sioux Falls, SD 57117-5025			HSBC/Herberger's					
ACCOUNT NO. 450409683890		J	Credit Card					
Macy's PO Box 8218 Mason, OH 45040								CO4 00
ACCOUNT NO. 6004300107307800		J	Credit Card	+			-	691.00
Menards PO Box 5219 Carol Stream, IL 60197-5219								
ACCOUNT NO			Assignee or other notification for:		L	-	-	4,195.00
ACCOUNT NO. Allgate Financial 707 Skokie Blvd Ste 375 Northbrook, IL 60062			Menards					
Sheet no. 2 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	_	oag	ge)	\$	7,063.00
			(Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	rt als Statis	stic	on cal	\$	

Nicole Case No. __

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 899602288		J	Credit Card		_		
Victoria Secret PO Box 659728 San Antonio, TX 78265-9728							371.0
ACCOUNT NO. 6630599977		J	Citi Bank	+			371.0
Wells Fargo PO Box 30086 Los Angeles, CA 90030							4,950.0
ACCOUNT NO. 9031410121344318		J	Credit Card	$^{+}$			4,550.0
Yonkers/HSBC PO Box 15521 Wilmington, DE 19805							1,644.5
ACCOUNT NO.			Assignee or other notification for:	t			1,01110
Portfolio Recovery 120 Corporate Blvd Norfolk, VA 23502			Yonkers/HSBC				
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t		age	e)	\$ 6,965.5
			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	rt als Statis	stic	on al	\$ 41,751. 5

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Kristin Nicole Case No.
Debtor(s)

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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Kristin Nicole Case No. Debtor(s)

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(If known)

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
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| B6I (Official Form 6I) (12/07 Case: 10-10183                           | Document: 1                    | Filed: 08/23/10 | Page 21 of 39 |
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| R61 (Official Form 61) (12/07/P ~~~~ 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1 ~ 1 | <b>D</b> 0 0 0 1 1 1 0 1 1 1 1 |                 | . 490 0. 00   |

| IN | RE Ho | ppe, Rand | dall Alanso | on & Hopp | e, Kristin | <b>Nicole</b> |
|----|-------|-----------|-------------|-----------|------------|---------------|
|    |       |           |             |           |            |               |

Debtor(s)

Case No. \_

(If known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status |                   | DEPENDENTS O                                                    | OF DEBTOR AND  | SPOU      | SE       |           |          |
|-------------------------|-------------------|-----------------------------------------------------------------|----------------|-----------|----------|-----------|----------|
| Married                 |                   | RELATIONSHIP(S):                                                |                |           |          | AGE(S)    | ):       |
|                         |                   |                                                                 |                |           |          |           |          |
|                         |                   |                                                                 |                |           |          |           |          |
|                         |                   |                                                                 |                |           |          |           |          |
|                         |                   |                                                                 |                |           |          |           |          |
| EMPLOYMENT:             |                   | DEBTOR                                                          |                |           | SPOUSE   |           |          |
| Occupation              | Assembler         |                                                                 | ed Lab Tech    |           |          |           |          |
| Name of Employer        | Angus Palm        |                                                                 | airie Lakes He | ealthc:   | are      |           |          |
| How long employed       | 8 years           | · ·                                                             | /ears          |           |          |           |          |
| Address of Employer     | PO Box 610        |                                                                 | 1 9th Ave NW   |           | 1        |           |          |
|                         | Watertown, S      | 5/201 Wa                                                        | atertown, SD   | 5/201     |          |           |          |
| INCOME: (Estima         | ate of average or | r projected monthly income at time case filed)                  |                |           | DEBTOR   |           | SPOUSE   |
| 1. Current monthly      | gross wages, sa   | alary, and commissions (prorate if not paid mor                 | nthly)         | \$        | 2,826.63 | \$        | 2,715.67 |
| 2. Estimated month      | ly overtime       |                                                                 | •              | \$        |          | \$        |          |
| 3. SUBTOTAL             |                   |                                                                 |                | \$        | 2,826.63 | \$        | 2,715.67 |
| 4. LESS PAYROL          | L DEDUCTION       | NS                                                              |                |           | <u> </u> |           |          |
| a. Payroll taxes a      |                   |                                                                 |                | \$        | 472.38   | \$        | 510.42   |
| b. Insurance            |                   | •                                                               |                | \$        | 326.65   | \$        |          |
| c. Union dues           |                   |                                                                 |                | \$        |          | \$        |          |
| d. Other (specify)      | See Schedu        | le Attached                                                     |                | \$        | 24.92    | \$        | 70.22    |
|                         |                   |                                                                 |                | \$        |          | <u>\$</u> |          |
| 5. SUBTOTAL O           |                   |                                                                 |                | \$        | 823.95   |           | 580.64   |
| 6. TOTAL NET M          | IONTHLY TA        | KE HOME PAY                                                     |                | \$        | 2,002.68 | <u>\$</u> | 2,135.03 |
| 7. Regular income       | from operation of | of business or profession or farm (attach detail                | led statement) | \$        |          | \$        |          |
| 8. Income from rea      |                   | `                                                               | ,              | \$        |          | \$        |          |
| 9. Interest and divid   |                   |                                                                 |                | \$        |          | \$        |          |
|                         |                   | ort payments payable to the debtor for the debt                 | tor's use or   | Φ.        |          | Φ.        |          |
| that of dependents      |                   | mant assistance                                                 |                | \$        |          | \$        |          |
| 11. Social Security     |                   | iment assistance                                                |                | <b>\$</b> |          | <b>\$</b> |          |
| (Specify)               |                   |                                                                 |                | \$ —      |          | \$ ——     |          |
| 12. Pension or retir    | ement income      |                                                                 |                | \$        |          | \$        |          |
| 13. Other monthly       | income            |                                                                 |                |           |          |           |          |
| (Specify)               |                   |                                                                 |                | \$        |          | \$        |          |
|                         |                   |                                                                 |                | \$        |          | \$        |          |
|                         |                   |                                                                 |                | \$        |          | \$        |          |
| 14. SUBTOTAL C          | OF LINES 7 TH     | HROUGH 13                                                       |                | \$        |          | \$        |          |
| 15. AVERAGE M           | ONTHLY INC        | COME (Add amounts shown on lines 6 and 14                       | .)             | \$        | 2,002.68 | \$        | 2,135.03 |
| 16 COMPINED             |                   |                                                                 | . C 1: 1.7     |           |          |           |          |
|                         |                   | ONTHLY INCOME: (Combine column totals otal reported on line 15) | irom line 15;  |           | •        | 4,137     | 71       |
| ii diete is offiny offe | acotor repeat to  | mai reported on time 13)                                        |                |           | <u> </u> | +,137     |          |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

IN RE Hoppe, Randall Alanson & Hoppe, Kristin Nicole

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Case No. \_\_\_\_\_

**Continuation Sheet - Page 1 of 1** 

DEBTOR SPOUSE

Other Payroll Deductions:

Child Support Flex Spnd Hlth

Disability 24.92

401K

Misc. - Boot Hat/Shirt Shop Supplies Loan (401K)

VC.

United Way

403B Account 70.22

B6J (Official Form 6J) (12/0) Case: 10-10183 Document: 1 Filed: 08/23/10 Page 23 of 39

| IN | RE Ho | ope, Ran | dall Alans | son & Ho | ppe, Kristii | n Nicole |
|----|-------|----------|------------|----------|--------------|----------|
|    |       |          |            |          |              |          |

Debtor(s)

Case No. \_\_\_\_\_(If known)

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allower         |
| on Form22A or 22C.                                                                                                                                                          |

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| experientales faceled spouse.                                                                               |      |          |
|-------------------------------------------------------------------------------------------------------------|------|----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$   | 1,461.00 |
| a. Are real estate taxes included? Yes <u>✓</u> No                                                          |      |          |
| b. Is property insurance included? Yes No                                                                   |      |          |
| 2. Utilities:                                                                                               |      |          |
| a. Electricity and heating fuel                                                                             | \$   | 89.00    |
| b. Water and sewer                                                                                          | \$   | 35.00    |
| c. Telephone                                                                                                | \$   | 75.00    |
| d. Other Cable/Internet                                                                                     | \$   | 95.00    |
| Cell Phone                                                                                                  | \$   | 100.00   |
| 3. Home maintenance (repairs and upkeep)                                                                    | \$   | 100.00   |
| 4. Food                                                                                                     | \$   | 550.00   |
| 5. Clothing                                                                                                 | \$   | 100.00   |
| 6. Laundry and dry cleaning                                                                                 | \$   | 50.00    |
| 7. Medical and dental expenses                                                                              | \$   | 50.00    |
| 8. Transportation (not including car payments)                                                              | \$   | 350.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.                                         | \$   | 25.00    |
| 10. Charitable contributions                                                                                | \$   |          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |      |          |
| a. Homeowner's or renter's                                                                                  | \$   |          |
| b. Life                                                                                                     | \$   | 75.00    |
| c. Health                                                                                                   | \$   |          |
| d. Auto                                                                                                     | \$   | 125.00   |
| e. Other                                                                                                    | \$   |          |
|                                                                                                             | \$   |          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   |      |          |
| (Specify)                                                                                                   | \$   |          |
|                                                                                                             | \$   |          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) |      |          |
| a. Auto                                                                                                     | \$   | 315.00   |
| b. Other Student Loan                                                                                       | \$   | 103.00   |
|                                                                                                             | \$   |          |
| 14. Alimony, maintenance, and support paid to others                                                        | \$   |          |
| 15. Payments for support of additional dependents not living at your home                                   | \$   |          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$   |          |
| 17. Other Loan Repayment On Life Insurance                                                                  | \$   | 30.00    |
| Day Care                                                                                                    | \$   | 400.00   |
|                                                                                                             | \$   |          |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if          |      |          |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.                             | s    | 4,128.00 |
| approache, on the building of Cerum Euromites and Related Data.                                             | Ψ' — | .,.20.00 |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

### 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$ 4,137.71 |
|------------------------------------------------------|-------------|
| b. Average monthly expenses from Line 18 above       | \$ 4,128.00 |
| c. Monthly net income (a. minus b.)                  | \$ 9.71     |

| B6 Declaration (Official Form 6-Declaration) (1207)           | Document: 1  | Filed: 08/23/10             | Page 24 of 3   |
|---------------------------------------------------------------|--------------|-----------------------------|----------------|
| <b>R6 Declaration (Official Form 6 - Declaration) (12/07)</b> | Doodinont. 1 | 1 110 a. 00/ <b>L</b> 0/ 10 | 1 ago = 1 01 0 |

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Case No. \_

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|                                                                                                                                                                   | Signature: /s/ Randall Alanson Hope Randall Alanson Hoppe                                                                                                                             | ppe Debtoi                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: August 23, 2010                                                                                                                                             | Signature: /s/ Kristin Nicole Hoppe                                                                                                                                                   |                                                                                                                                                                                                                                                              |
|                                                                                                                                                                   | Kristin Nicole Hoppe                                                                                                                                                                  | (Joint Debtor, if any,                                                                                                                                                                                                                                       |
| DECLARATION AND SIGN                                                                                                                                              | ATURE OF NON-ATTORNEY BANKRUP                                                                                                                                                         | TCY PETITION PREPARER (See 11 U.S.C. § 110)                                                                                                                                                                                                                  |
| compensation and have provided the debt and 342 (b); and, (3) if rules or guidelin                                                                                | or with a copy of this document and the notices have been promulgated pursuant to 11 U.S in the debtor notice of the maximum amount b                                                 | defined in 11 U.S.C. § 110; (2) I prepared this document for es and information required under 11 U.S.C. §§ 110(b), 110(h). S.C. § 110(h) setting a maximum fee for services chargeable by efore preparing any document for filing for a debtor or accepting |
| Printed or Typed Name and Title, if any, of Ba                                                                                                                    | nkruptcy Petition Preparer                                                                                                                                                            | Social Security No. (Required by 11 U.S.C. § 110.)                                                                                                                                                                                                           |
| If the bankruptcy petition preparer is no responsible person, or partner who signs                                                                                |                                                                                                                                                                                       | , address, and social security number of the officer, principal,                                                                                                                                                                                             |
| Address                                                                                                                                                           |                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |
| Signature of Bankruptcy Petition Preparer                                                                                                                         |                                                                                                                                                                                       | Date                                                                                                                                                                                                                                                         |
| Names and Social Security numbers of all                                                                                                                          | other individuals who prepared or assisted in                                                                                                                                         | preparing this document, unless the bankruptcy petition preparer                                                                                                                                                                                             |
|                                                                                                                                                                   |                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |
| is not an individual:                                                                                                                                             | cument, attach additional signed sheets conf                                                                                                                                          | orming to the appropriate Official Form for each person.                                                                                                                                                                                                     |
| is not an individual:  If more than one person prepared this do A bankruptcy petition preparer's failure to                                                       | to comply with the provision of title 11 and th                                                                                                                                       |                                                                                                                                                                                                                                                              |
| is not an individual:  If more than one person prepared this do A bankruptcy petition preparer's failure imprisonment or both. 11 U.S.C. § 110;                   | to comply with the provision of title 11 and th<br>18 U.S.C. § 156.                                                                                                                   |                                                                                                                                                                                                                                                              |
| is not an individual:  If more than one person prepared this do A bankruptcy petition preparer's failure imprisonment or both. 11 U.S.C. § 110;  DECLARATION UNDE | to comply with the provision of title 11 and th<br>18 U.S.C. § 156.                                                                                                                   | e Federal Rules of Bankruptcy Procedure may result in fines or  LF OF CORPORATION OR PARTNERSHIP                                                                                                                                                             |
| If more than one person prepared this do A bankruptcy petition preparer's failure imprisonment or both. 11 U.S.C. § 110;  DECLARATION UNDER I, the                | co comply with the provision of title 11 and the 18 U.S.C. § 156.  R PENALTY OF PERJURY ON BEHAL (the president or of partnership) of the s debtor in this case, declare under penals | e Federal Rules of Bankruptcy Procedure may result in fines or                                                                                                                                                                                               |

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

### United States Bankruptcy Court District of South Dakota

| IN RE:                                         | Case No.  |
|------------------------------------------------|-----------|
| Hoppe, Randall Alanson & Hoppe, Kristin Nicole | Chapter 7 |
| Debtor(s)                                      |           |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

20,073.81 YTD - Prairie Lakes Healthcare - Kristin

18,663.60 YTD - Angus Palm - Randall

47,198.85 2008 - Angus Industries, Inc

27,363.97 2008 - Prairie Lakes Healthcare - Kristin

30,042.47 2009 - Angus Industries, Inc - Randall

29,506.46 2009 - Prairie Lakes Healthcare - Kristin

### 2. Income other than from employment or operation of business

T t

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Chase Bank USA, NA v. Kristin Hoppe

NATURE OF PROCEEDING

Collections

COURT OR AGENCY AND LOCATION In Circuit Court - Third Judicial

STATUS OR DISPOSITION **Pendina** 

Circuit

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the** commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|  | Case: 10-10183 | Document: 1 | Filed: 08/23/10 | Page 27 of 39 |
|--|----------------|-------------|-----------------|---------------|
|--|----------------|-------------|-----------------|---------------|

|                | Case. 10-10163                                                                                                                                             | Document. 1 Filed. 06/23/10                                                                                                                                                                                                                                        | Page 27 01 39                                                                                                                                       |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Pa          | yments related to debt counseling or bankruj                                                                                                               | ptcy                                                                                                                                                                                                                                                               |                                                                                                                                                     |
| None           |                                                                                                                                                            | by or on behalf of the debtor to any persons, inclu<br>preparation of a petition in bankruptcy within <b>one</b>                                                                                                                                                   |                                                                                                                                                     |
| Baue<br>100 \$ | IE AND ADDRESS OF PAYEE<br>er Law Office<br>South Maple, Suite 312<br>ertown, SD 57201                                                                     | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR <b>7/19/2010</b>                                                                                                                                                                                               | AMOUNT OF MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY<br>1,750.00                                                                                 |
| 6942           | eral Consumer Relief<br>2 Ed Perkic St., Suite A<br>rside, CA 92504                                                                                        | 7/2009 to 7/2010                                                                                                                                                                                                                                                   | 5,869.92                                                                                                                                            |
| 10. O          | Other transfers                                                                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                     |
| None           | absolutely or as security within two years im                                                                                                              | ransferred in the ordinary course of the business or<br>imediately preceding the commencement of this car<br>both spouses whether or not a joint petition is file                                                                                                  | ase. (Married debtors filing under chapter 12 or                                                                                                    |
| None           | b. List all property transferred by the debtor wit device of which the debtor is a beneficiary.                                                            | thin <b>ten years</b> immediately preceding the commenc                                                                                                                                                                                                            | rement of this case to a self-settled trust or similar                                                                                              |
| 11. C          | Closed financial accounts                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                                                                                                     |
| None           | transferred within <b>one year</b> immediately pre<br>certificates of deposit, or other instruments; s<br>brokerage houses and other financial institution | ld in the name of the debtor or for the benefit of the ceding the commencement of this case. Include hares and share accounts held in banks, credit unions. (Married debtors filing under chapter 12 or cor both spouses whether or not a joint petition is file.) | checking, savings, or other financial accounts<br>ions, pension funds, cooperatives, associations<br>chapter 13 must include information concerning |
| 12. S          | afe deposit boxes                                                                                                                                          |                                                                                                                                                                                                                                                                    |                                                                                                                                                     |
| None           | preceding the commencement of this case. (M                                                                                                                | ory in which the debtor has or had securities, cash, arried debtors filing under chapter 12 or chapter 1 filed, unless the spouses are separated and a joint                                                                                                       | 3 must include boxes or depositories of either or                                                                                                   |
| 13. S          | etoffs                                                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                     |
| None           |                                                                                                                                                            | g a bank, against a debt or deposit of the debtor with 2 or chapter 13 must include information concernited and a joint petition is not filed.)                                                                                                                    |                                                                                                                                                     |
| 14. P          | roperty held for another person                                                                                                                            |                                                                                                                                                                                                                                                                    |                                                                                                                                                     |
| None           | List all property owned by another person that                                                                                                             | t the debtor holds or controls.                                                                                                                                                                                                                                    |                                                                                                                                                     |
| 15. P          | rior address of debtor                                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                     |

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY 325 18th St. SW, Apt #6, Watertown, South Dakota Randall and Kristin Hoppe 6/2004 to 3/2007

618 2nd Ave NE, Watertown, South Dakota 5721 Randall and Kristin Hoppe 3/2007 to current

### 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 $\checkmark$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

 $\checkmark$ 

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

 $\checkmark$ 

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

### 18. Nature, location and name of business



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 $\checkmark$ 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account  $\checkmark$ and records, or prepared a financial statement of the debtor.

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.  $\checkmark$ 

d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of the case by the debtor.

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|----------------|-------------|-----------------|---------------|
|----------------|-------------|-----------------|---------------|

# 20. Inventories None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory. b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above. $\checkmark$ 21. Current Partners, Officers, Directors and Shareholders a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership. $\checkmark$ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation. 22. Former partners, officers, directors and shareholders a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement $\checkmark$ of this case. b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately $\checkmark$ preceding the commencement of this case. 23. Withdrawals from a partnership or distributions by a corporation If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this 24. Tax Consolidation Group If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case. 25. Pension Funds. If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case. [If completed by an individual or individual and spouse] I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct. Date: August 23, 2010 Signature /s/ Randall Alanson Hoppe **Randall Alanson Hoppe** of Debtor Date: August 23, 2010 Signature /s/ Kristin Nicole Hoppe of Joint Debtor **Kristin Nicole Hoppe**

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

**0** continuation pages attached

(if any)

| B22A (Official Form 22A) (Chapter 7) (04/10)                                   | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):     |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| In re: Hoppe, Randall Alanson & Hoppe, Kristin Nicole  Debtor(s)  Case Number: | <ul> <li>☐ The presumption arises</li> <li>☑ The presumption does not arise</li> <li>☐ The presumption is temporarily inapplicable.</li> </ul> |
| (If known)                                                                     |                                                                                                                                                |

### CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

| 1A | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  □ <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | Decial ation of non-consumer debts. By checking this box, I deciate that my debts are not printarny consumer debts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1C | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.    Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard    a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and   I remain on active duty for/   I remain on active duty on   which is less than 540 days before this bankruptey case was filed;    OR   DR   I am performing homeland defense activity for a period of at least 90 days, terminating on   means testing the performed homeland defense activity for a period of at least 90 days, terminating on   means testing the performed homeland defense activity for a period of at least 90 days, terminating on   mea |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**B22A** (Official Form 22A) (Chapter 7) (04/10)

|   | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                |                          |                        |                                |       |            |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------|--------------------------|------------------------|--------------------------------|-------|------------|
|   | Marital/filing status. Check the box that applies and complete the balance of this part of this st                                                                                                                                                                                                                                                                                                                    |                                                                          |                |                          |                        | s statement as c               | lirec | eted.      |
|   | a. 🗌                                                                                                                                                                                                                                                                                                                                                                                                                  | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. |                |                          |                        |                                |       |            |
|   | b. Married, not filing jointly, with declaration of separate households. By checking this penalty of perjury: "My spouse and I are legally separated under applicable non-bank are living apart other than for the purpose of evading the requirements of § 707(b)(2) Complete only Column A ("Debtor's Income") for Lines 3-11.                                                                                      |                                                                          |                |                          |                        | ptcy law or my                 | spo   | ouse and I |
| 2 | c. 🗌                                                                                                                                                                                                                                                                                                                                                                                                                  | Married, not filing jointly, without Column A ("Debtor's Income")        |                |                          |                        |                                | omp   | plete both |
|   | d. 🗹                                                                                                                                                                                                                                                                                                                                                                                                                  | Married, filing jointly. <b>Complete Lines 3-11.</b>                     | ooth Column A  | A ("Debtor               | 's Income") and Column | B ("Spouse's                   | Inco  | ome") for  |
|   | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.                                                 |                                                                          |                | Column A Debtor's Income |                        | Column B<br>Spouse's<br>Income |       |            |
| 3 | Gros                                                                                                                                                                                                                                                                                                                                                                                                                  | ss wages, salary, tips, bonuses, ove                                     | ertime, commis | ssions.                  |                        | \$ 3,938.0                     | 4 \$  | 2,702.35   |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. |                                                                          |                |                          |                        |                                |       |            |
| 4 | a.                                                                                                                                                                                                                                                                                                                                                                                                                    | Gross receipts                                                           |                | \$                       |                        |                                |       |            |
|   | b.                                                                                                                                                                                                                                                                                                                                                                                                                    | Ordinary and necessary business e                                        | expenses       | \$                       |                        |                                |       |            |
|   | c.                                                                                                                                                                                                                                                                                                                                                                                                                    | Business income                                                          |                | Subtract I               | ine b from Line a      | \$                             | \$    | S          |
| _ | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.                                                                                                                                                 |                                                                          |                |                          |                        |                                |       |            |
| 5 | a.                                                                                                                                                                                                                                                                                                                                                                                                                    | Gross receipts                                                           |                | \$                       |                        |                                |       |            |
|   | b.                                                                                                                                                                                                                                                                                                                                                                                                                    | Ordinary and necessary operating                                         | expenses       | \$                       |                        |                                |       |            |
|   | c.                                                                                                                                                                                                                                                                                                                                                                                                                    | Rent and other real property incor                                       | ne             | Subtract I               | ine b from Line a      | \$                             | \$    | S          |
| 6 | Interest, dividends, and royalties.                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                | \$                       | \$                     | 3                              |       |            |
| 7 | Pension and retirement income.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                | \$                       | \$                     | S                              |       |            |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.                                                                                                                |                                                                          |                | \$                       | \$                     | S                              |       |            |
| 9 | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:                                                                          |                                                                          |                |                          |                        |                                |       |            |
| 9 | clai                                                                                                                                                                                                                                                                                                                                                                                                                  | employment compensation imed to be a benefit under the cial Security Act | Debtor \$      |                          | Spouse \$              |                                |       |            |

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| 10                                             | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |         |              |    |           |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------|--------------|----|-----------|
| 11                                             | Subtotal of Current Monthly Income for \$ 707(b)(7). Add Lines 3 thru 10 in Column A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |         |              |    |           |
| 12                                             | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |         |              |    | 6,640.39  |
| Part III. APPLICATION OF § 707(B)(7) EXCLUSION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |         |              |    |           |
| 13                                             | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |         |              |    | 79,684.68 |
| 14                                             | <b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |         |              |    |           |
|                                                | a. Enter debtor's state of residence: <b>South Dakota</b> b. Enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r debtor's househo | old siz | ze: <u>4</u> | \$ | 69,932.00 |
| 15                                             | Application of Section707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presure of the content o |                    |         |              |    | II.       |

# Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

|                                                                                                                                                                                                                                                                                                                                      |                                                                                   | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR §                                     | 707(b)(2) |    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------|----|----------|
| 16                                                                                                                                                                                                                                                                                                                                   | Ente                                                                              | r the amount from Line 12.                                                               |           | \$ | 6,640.39 |
| 17                                                                                                                                                                                                                                                                                                                                   | adjustments on a separate page. If you did not cheek box at Line 2.c, enter zero. |                                                                                          |           |    |          |
|                                                                                                                                                                                                                                                                                                                                      | a.                                                                                | \$                                                                                       |           |    |          |
|                                                                                                                                                                                                                                                                                                                                      | b.                                                                                | \$                                                                                       |           |    |          |
|                                                                                                                                                                                                                                                                                                                                      | c.                                                                                | \$                                                                                       |           |    |          |
|                                                                                                                                                                                                                                                                                                                                      | Tot                                                                               | al and enter on Line 17.                                                                 | _         | \$ |          |
| 18                                                                                                                                                                                                                                                                                                                                   | Curi                                                                              | rent monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result. |           | \$ | 6,640.39 |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                   | Part V. CALCULATION OF DEDUCTIONS FROM INCOME                                            |           |    |          |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                   | Subpart A: Deductions under Standards of the Internal Revenue Service                    | IRS)      |    |          |
| National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |                                                                                   |                                                                                          |           | \$ | 1,371.00 |

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| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.    Household members 65 years of age   Household members 65 years of age or older     144.00   Allowance per member   Allowance per mem |                                                                                                                                                            |                                                              |                              |                                                              |                                     |            |              |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------|--------------------------------------------------------------|-------------------------------------|------------|--------------|
|     | b1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Number of members                                                                                                                                          | 4                                                            | b2.                          | Number of m                                                  |                                     | 0          |              |
|     | c1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Subtotal                                                                                                                                                   | 240.00                                                       | c2.                          | Subtotal                                                     |                                     | 0.00       |              |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                              |                              | <u> </u>                                                     |                                     |            | \$<br>240.00 |
| 20A | and U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Standards: housing and utilities Standards; non-mortgagnation is available at www.usdo                                                                     | ge expenses for th                                           | e appli                      | cable county ar                                              | nd household siz                    |            | \$<br>517.00 |
| 20B | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |                                                              |                              |                                                              |                                     |            |              |
| 200 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                              |                              | 749.00                                                       |                                     |            |              |
|     | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$ 1,933.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            |                                                              |                              |                                                              | 1.933.33                            |            |              |
|     | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Net mortgage/rental expense                                                                                                                                |                                                              |                              |                                                              | Subtract Line b                     |            | \$           |
| 21  | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |                                                              |                              |                                                              | \$                                  |            |              |
| 22A | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  □ □ □ 1 ▼2 or more.  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                              |                              |                                                              |                                     |            |              |
|     | Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                              |                              |                                                              | \$<br>420.00                        |            |              |
| 22B | expen<br>addition<br>Trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Standards: transportation; assess for a vehicle and also use ponal deduction for your public portation" amount from IRS Lousdoj.gov/ust/ or from the cleri | ublic transportati<br>transportation ex<br>ocal Standards: T | on, and<br>penses<br>ranspor | I you contend to<br>, enter on Line to<br>rtation. (This are | hat you are enti<br>22B the "Public | tled to an | \$           |

B22A (Official Form 22A) (Chapter 7) (04/10)

| DZZA (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Official Form 22A) (Chapter 7) (04/10)                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | 1  | 1        |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----|----------|--|--|
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Local Standards: transportation ownership/lease expense; Vehicle 1. Che which you claim an ownership/lease expense. (You may not claim an ownership than two vehicles.)  ☐ 1 ☑ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bank the total of the Average Monthly Payments for any debts secured by Vehicle 1. | ocal Standards:<br>ruptcy court); enter in Line b<br>1, as stated in Line 42; |    |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                               |    |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a. IRS Transportation Standards, Ownership Costs \$                                                                                                                                                                                                                                                                                                                                                                                                                    | 496.00                                                                        |    |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 42 \$ 392.0                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |    |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | c. Net ownership/lease expense for Vehicle 1                                                                                                                                                                                                                                                                                                                                                                                                                           | ubtract Line b from Line a                                                    | \$ | 103.96   |  |  |
| Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |    |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a. IRS Transportation Standards, Ownership Costs, Second Car \$                                                                                                                                                                                                                                                                                                                                                                                                        | 496.00                                                                        |    |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 42 \$                                                                                                                                                                                                                                                                                                                                                                                 | 186.68                                                                        |    |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | c. Net ownership/lease expense for Vehicle 2                                                                                                                                                                                                                                                                                                                                                                                                                           | ubtract Line b from Line a                                                    | \$ | 309.32   |  |  |
| Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |    |          |  |  |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.                                                                                                                                                              |                                                                               |    |          |  |  |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.                                                                                                                                                                                                                |                                                                               |    |          |  |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |    |          |  |  |
| 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.                                                                                  |                                                                               |    |          |  |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.                                                                                                                                                                                                                                                  |                                                                               |    |          |  |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.                                         |                                                                               |    |          |  |  |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.                                   |                                                                               |    |          |  |  |
| 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 t                                                                                                                                                                                                                                                                                                                                                                                              | through 32.                                                                   | \$ | 4,272.19 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |    |          |  |  |

B22A (Official Form 22A) (Chapter 7) (04/10)

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Subpart B: Additional Living Note: Do not include any expenses that                                                                              |                 |                     | -32           |              |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|---------------|--------------|
|    | expe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ith Insurance, Disability Insurance, and Health Savings enses in the categories set out in lines a-c below that are reasuse, or your dependents. |                 |                     |               |              |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Health Insurance                                                                                                                                 | \$              | 301.52              |               |              |
| 24 | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Disability Insurance                                                                                                                             | \$              | 23.00               |               |              |
| 34 | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Health Savings Account                                                                                                                           | \$              |                     |               |              |
|    | Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | l and enter on Line 34                                                                                                                           |                 |                     |               | \$<br>324.52 |
|    | the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ou do not actually expend this total amount, state your act<br>pace below:                                                                       | ual total avera | nge monthly ex      | penditures in |              |
|    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                  |                 |                     |               |              |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.                                                                                                                                                            |                                                                                                                                                  |                 | pport of an         | \$            |              |
| 36 | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.                                                                                                                                                                |                                                                                                                                                  |                 | ntion and           | \$            |              |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.                                                                                                                                      |                                                                                                                                                  |                 |                     |               | \$           |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.             |                                                                                                                                                  |                 | mentary or our case | \$            |              |
| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. |                                                                                                                                                  |                 | \$                  |               |              |
| 40 | <b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |                 |                     | \$            |              |
| 41 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                  |                 | 40                  | \$<br>324.52  |              |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B22A (Official Form 22A) (Chapter 7) (04/10)

### **Subpart C: Deductions for Debt Payment** Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. Average Does payment 42 Monthly include taxes or Name of Creditor Payment insurance? Property Securing the Debt **Home Federal Bank** Residence 1,933.33 ☐ yes **v** no **Great Western Bank** Automobile (1) \$ 392.04 ☐ yes **v** no b. \$ **First Premier Bank** Automobile (2) 186.68 ☐ yes **v** no Total: Add lines a, b and c. 2,512.05 Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents. you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 43 1/60th of the Name of Creditor Property Securing the Debt Cure Amount \$ a. \$ b. Total: Add lines a, b and c. \$ Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, 44 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. \$ Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. Projected average monthly chapter 13 plan payment. Current multiplier for your district as determined under 45 schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy X court.) Average monthly administrative expense of chapter 13 Total: Multiply Lines a and b case \$ \$ 46 **Total Deductions for Debt Payment.** Enter the total of Lines 42 through 45. 2,512.05 **Subpart D: Total Deductions from Income** 47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46. 7,108.76

|    | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION                                                                                                                                                                                                                                                                                                                                         |         |          |        |  |  |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|--------|--|--|--|
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))                                                                                                                                                                                                                                                                                                                    |         |          |        |  |  |  |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))                                                                                                                                                                                                                                                                                                         |         |          |        |  |  |  |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.                                                                                                                                                                                                                                                                                          | \$      | 3        | 0.00   |  |  |  |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.                                                                                                                                                                                                                                                                       |         |          |        |  |  |  |
|    | Initial presumption determination. Check the applicable box and proceed as directed.                                                                                                                                                                                                                                                                                                      |         |          |        |  |  |  |
|    | The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" a of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part V                                                                                                                                                                                  |         | top of p | page 1 |  |  |  |
| 52 | The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not the remainder of Part VI.                                                                                                                                          |         |          |        |  |  |  |
|    | ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder 53 though 55).                                                                                                                                                                                                                                                                          | of Par  | rt VI (I | Lines  |  |  |  |
| 53 | Enter the amount of your total non-priority unsecured debt                                                                                                                                                                                                                                                                                                                                | \$      | }        |        |  |  |  |
| 54 | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.                                                                                                                                                                                                                                                                             |         |          |        |  |  |  |
|    | Secondary presumption determination. Check the applicable box and proceed as directed.                                                                                                                                                                                                                                                                                                    |         |          |        |  |  |  |
| 55 | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.                                                                                                                                                                                        |         |          |        |  |  |  |
|    | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also VII.                                                                                                                                                                           |         |          |        |  |  |  |
|    | Part VII. ADDITIONAL EXPENSE CLAIMS                                                                                                                                                                                                                                                                                                                                                       |         |          |        |  |  |  |
|    | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required and welfare of you and your family and that you contend should be an additional deduction from your currence under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures shaverage monthly expense for each item. Total the expenses. | rrent r | nonthl   | y      |  |  |  |
|    | Expense Description Monthl                                                                                                                                                                                                                                                                                                                                                                | y Amo   | ount     |        |  |  |  |
| 56 | a. \$                                                                                                                                                                                                                                                                                                                                                                                     |         |          |        |  |  |  |
|    | b. \$                                                                                                                                                                                                                                                                                                                                                                                     |         |          |        |  |  |  |
|    | c. \$                                                                                                                                                                                                                                                                                                                                                                                     |         |          |        |  |  |  |
|    | Total: Add Lines a, b and c \$                                                                                                                                                                                                                                                                                                                                                            |         |          |        |  |  |  |
|    | Part VIII. VERIFICATION                                                                                                                                                                                                                                                                                                                                                                   |         | _        |        |  |  |  |
|    | I declare under penalty of perjury that the information provided in this statement is true and correct. (If the both debtors must sign.)                                                                                                                                                                                                                                                  | is a jo | oint ca  | se,    |  |  |  |
| 57 | Date: August 23, 2010 Signature: /s/ Randall Alanson Hoppe                                                                                                                                                                                                                                                                                                                                |         |          |        |  |  |  |
|    | Date: August 23, 2010 Signature: /s/ Kristin Nicole Hoppe  (Joint Debtor, if any)                                                                                                                                                                                                                                                                                                         |         |          |        |  |  |  |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**B8** (Official Form 8) (12/08)

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### United States Bankruptcy Court District of South Dakota

| IN RE:                                                                                                |                             | (                                                  | Case No                                                              |  |  |
|-------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------|----------------------------------------------------------------------|--|--|
| Hoppe, Randall Alanson & Hoppe, Kris                                                                  | stin Nicole                 | Chapter 7                                          |                                                                      |  |  |
|                                                                                                       | Debtor(s)                   |                                                    |                                                                      |  |  |
| CHAPTER 7                                                                                             | INDIVIDUAL DEBTO            | OR'S STATEMENT OF                                  | FINTENTION                                                           |  |  |
| <b>PART A</b> – Debts secured by property of estate. Attach additional pages if necessary             |                             | e fully completed for <b>EACH</b>                  | I debt which is secured by property of the                           |  |  |
| Property No. 1                                                                                        |                             |                                                    |                                                                      |  |  |
| Creditor's Name:<br>First Premier Bank                                                                |                             | Describe Property Secu<br>2003 Lincoln Aviator - 7 |                                                                      |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained                                               |                             |                                                    |                                                                      |  |  |
| If retaining the property, I intend to (ch ☐ Redeem the property ☑ Reaffirm the debt ☐ Other. Explain | eck at least one):          | (for examp                                         | le, avoid lien using 11 U.S.C. § 522(f)).                            |  |  |
| Property is (check one): ☐ Claimed as exempt ✓ Not claim                                              | ed as exempt                |                                                    |                                                                      |  |  |
| Property No. 2 (if necessary)                                                                         |                             |                                                    |                                                                      |  |  |
| Creditor's Name:<br>Great Western Bank                                                                |                             | Describe Property Secu<br>Lots 1 and 2, GA Kyles   | rring Debt:<br>Sub-division of Block 7, RF Pettigrov                 |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained                                               |                             |                                                    |                                                                      |  |  |
| If retaining the property, I intend to (ch ☐ Redeem the property ✔ Reaffirm the debt ☐ Other. Explain |                             | (for examp                                         | le, avoid lien using 11 U.S.C. § 522(f)).                            |  |  |
| Property is (check one):  ☐ Claimed as exempt ✓ Not claim                                             | ed as exempt                |                                                    | -                                                                    |  |  |
| PART B – Personal property subject to us additional pages if necessary.)                              | nexpired leases. (All three | columns of Part B must be c                        | ompleted for each unexpired lease. Attach                            |  |  |
| Property No. 1                                                                                        |                             |                                                    |                                                                      |  |  |
| Lessor's Name:                                                                                        | Describe Leased             | Property:                                          | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |  |
| Property No. 2 (if necessary)                                                                         |                             |                                                    |                                                                      |  |  |
| Lessor's Name:                                                                                        | Describe Leased             | Property:                                          | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |  |
| 1 continuation sheets attached (if any)                                                               | )                           |                                                    |                                                                      |  |  |
| I declare under penalty of perjury tha<br>personal property subject to an unexp                       |                             | intention as to any prope                          | rty of my estate securing a debt and/or                              |  |  |
| Date: August 23, 2010                                                                                 | /s/ Randall Alanso          | п Норре                                            |                                                                      |  |  |
|                                                                                                       | Signature of Debtor         |                                                    |                                                                      |  |  |
|                                                                                                       | /s/ Kristin Nicole H        | loppe                                              |                                                                      |  |  |

Signature of Joint Debtor

**B8** (Official Form 8) (12/08)

### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

(Continuation Sheet)

| PART A – Continuati | on |
|---------------------|----|
|---------------------|----|

| Property No. 3                                                                                          |                      |                                                                     |                                                                  |  |  |
|---------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------|------------------------------------------------------------------|--|--|
| Creditor's Name:<br>Great Western Bank                                                                  |                      | Describe Property Securing Debt:<br>2001 Chevy Tahoe - 80,300 miles |                                                                  |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained                                                 |                      |                                                                     |                                                                  |  |  |
| If retaining the property, I intend to (a  ☐ Redeem the property  ✓ Reaffirm the debt  ☐ Other. Explain | check at least one): | (for example, avoid lien using 11 U.S.C. § 522(f))                  |                                                                  |  |  |
| Property is (check one): ☐ Claimed as exempt ✓ Not clai                                                 | med as exempt        |                                                                     |                                                                  |  |  |
| Property No. 4                                                                                          |                      |                                                                     |                                                                  |  |  |
| Creditor's Name:<br>Home Federal Bank                                                                   |                      | Describe Property Secur<br>Lots 1 and 2, GA Kyles S                 | ring Debt:<br>Sub-division of Block 7, RF Pettigrov              |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained                                                 |                      |                                                                     |                                                                  |  |  |
| If retaining the property, I intend to (a  ☐ Redeem the property  ☑ Reaffirm the debt ☐ Other. Explain  | check at least one): | (for exampl                                                         | e, avoid lien using 11 U.S.C. § 522(f)).                         |  |  |
| Property is (check one): ☐ Claimed as exempt ✓ Not clai                                                 | med as exempt        |                                                                     |                                                                  |  |  |
| Property No.                                                                                            |                      |                                                                     |                                                                  |  |  |
| Creditor's Name:                                                                                        |                      | Describe Property Securing Debt:                                    |                                                                  |  |  |
| Property will be (check one):  Surrendered Retained                                                     | l                    |                                                                     |                                                                  |  |  |
| If retaining the property, I intend to (a Redeem the property Reaffirm the debt Other. Explain          | check at least one): | (for exampl                                                         | e, avoid lien using 11 U.S.C. § 522(f)).                         |  |  |
| Property is (check one):  Claimed as exempt Not clai                                                    | med as exempt        |                                                                     |                                                                  |  |  |
| PART B – Continuation                                                                                   |                      |                                                                     |                                                                  |  |  |
| Property No.                                                                                            |                      |                                                                     |                                                                  |  |  |
| Lessor's Name: Describe Les                                                                             |                      | roperty:                                                            | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  Yes No |  |  |
| Property No.                                                                                            |                      |                                                                     |                                                                  |  |  |
| Lessor's Name:                                                                                          | Describe Leased P    | roperty:                                                            | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):         |  |  |